

FILED

2023 AUG 24 PM 12:28

US DISTRICT COURT
EASTERN DIST. TENN.

Mitch Taebel
LaPorte County Jail
809 State Street
La Porte, IN 46350

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF TENNESSEE

v.

Case No.: 3:23-mc-00054-KAC-JEM

NOTICE of Deficiency (IFP)

The Court is in receipt of your complaint/petition. However, in order for this matter to proceed, you must either pay the required filing fee or submit (1) an application to proceed in forma pauperis without prepayment of fees and (2) a certified copy of your inmate trust account for the previous six-month period. Pursuant to E.D. Tenn. L.R. 4.5, this matter will be administratively closed if the deficiency is not cured within twenty days.

UNITED STATES DISTRICT COURT
for the

Plaintiff/Petitioner)	
v.)	
Defendant/Respondent)	Civil Action No.
)	

APPLICATION TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES OR COSTS
(Short Form)

I am a plaintiff or petitioner in this case and declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief requested.

In support of this application, I answer the following questions under penalty of perjury:

1. *If incarcerated.* I am being held at: _____.
If employed there, or have an account in the institution, I have attached to this document a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months for any institutional account in my name. I am also submitting a similar statement from any other institution where I was incarcerated during the last six months.

2. *If not incarcerated.* If I am employed, my employer's name and address are:

My gross pay or wages are: \$ _____, and my take-home pay or wages are: \$ _____ per
(specify pay period) _____.

3. *Other Income.* In the past 12 months, I have received income from the following sources (check all that apply):

(a) Business, profession, or other self-employment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Rent payments, interest, or dividends	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Pension, annuity, or life insurance payments	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Disability, or worker's compensation payments	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(e) Gifts, or inheritances	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(f) Any other sources	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered "Yes" to any question above, describe below or on separate pages each source of money and state the amount that you received and what you expect to receive in the future.

4. Amount of money that I have in cash or in a checking or savings account: \$ _____ .

5. Any automobile, real estate, stock, bond, security, trust, jewelry, art work, or other financial instrument or thing of value that I own, including any item of value held in someone else's name *(describe the property and its approximate value)*:

6. Any housing, transportation, utilities, or loan payments, or other regular monthly expenses *(describe and provide the amount of the monthly expense)*:

7. Names (or, if under 18, initials only) of all persons who are dependent on me for support, my relationship with each person, and how much I contribute to their support:

8. Any debts or financial obligations *(describe the amounts owed and to whom they are payable)*:

Declaration: I declare under penalty of perjury that the above information is true and understand that a false statement may result in a dismissal of my claims.

Date: _____

Applicant's signature

Printed name

CERTIFICATE

**TO BE COMPLETED BY AN AUTHORIZED
CUSTODIAN OF INMATE ACCOUNTS**

I certify that the applicant herein has the sum of \$ _____ on account to his/her credit at the _____ (institution where the applicant is currently incarcerated). I further certify that the average balance in the applicant's trust fund account during the last six months was \$ _____. A copy of the applicant's trust fund account (or an institutional equivalent) for the last six months is attached hereto.

Signature of Authorized Officer

Sworn to and subscribed before me this
_____ day of _____, 2_____.

Notary Public

My commission expires _____.

EASTERN DISTRICT OF TENNESSEE
OFFICE OF
UNITED STATES DISTRICT COURT
800 MARKET ST., SUITE 130
KNOXVILLE, TENNESSEE 37902

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Clerk, U. S. District Court
Eastern District of Tennessee
At Knoxville

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